

**BREVARD COUNTY HEALTH DEPARTMENT**

Environmental Health Services  
2725 Judge Fran Jamieson Way, Building A  
Viera, FL 32940-6682  
Phone: (321) 633-2100 FAX: (321) 633-2163

**COUNTY/STATE PERMIT APPLICATION**

**PURPOSE:** RENEWAL  NEW FACILITY  CHANGE OF OWNERSHIP  NAME CHANGE

**Instructions:** 1. Provide the remainder of the information requested below. 2. If any of the pre-completed information is incorrect, please make the necessary changes. 3. Sign the completed application and return it, along with the required fee to Environmental Health Services. Incomplete applications will be returned. Please do not send cash through the mail.

**NAME OF FACILITY:** \_\_\_\_\_

**FACILITY LOCATION:** \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**CONTACT PERSON:** \_\_\_\_\_

**OWNER/CORPORATE NAME:** \_\_\_\_\_

**OWNER/CORPORATE ADDRESS:** \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**OWNER'S PHONE:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_ **BUSINESS FAX:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**HOURS OF OPERATION:** \_\_\_\_\_

Assisted Living Facility (Cap. = )	Sanitation Inspection Request	Family Day Care, Licensed
Animal Care Facility	Mobile Home/RV Park (Cap. = )	Family Day Care, Registered
Bar Not Serving Food	Nursing Home	
Food Service	Residential Care Facility (Cap. = )	
Intermediate Care Facility	Swimming Pool/Spa, County Fee	
Onsite Sewage Disposal Pumpout	Portable Toilet Pumpout Company	

**Circle One:** Drinking Source: Onsite well or public water supply      Sewage Disposal: Septic system or public sewer

**THE ANNUAL FEE FOR YOUR FACILITY IS:** \$ \_\_\_\_\_  
**PRORATED FEE** \$ \_\_\_\_\_  
**OTHER FEE** \$ \_\_\_\_\_ (Plan Review / Beverage Papers / Late Fee)  
**TOTAL FEE(S)** \$ \_\_\_\_\_

Please make check or money order payable to: **BREVARD COUNTY HEALTH DEPARTMENT** and mail to above address.

The undersigned applicant states that this information is true and complete. If granted a permit, the applicant agrees to fully and continuously obey laws, rules and regulations of the State, County and Environmental Health Services. The applicant must allow all officials to enter and inspect, without warrant, all parts of the licensed premises at any and all reasonable times permitting photographs and/or samples to be taken. The applicant must abide by any other conditions set forth and to provide any other information needed by Environmental Health Services.

\_\_\_\_\_  
SIGNATURE, OWNER/OWNER'S REPRESENTATIVE

\_\_\_\_\_  
DATE